



# CABRINI COLLEGE

## EDUCATION DIVISION Tuberculin Test (Mantoux)

Name of patient: \_\_\_\_\_

Date test administered: \_\_\_\_\_

Date test read: \_\_\_\_\_

Result: \_\_\_\_\_

Signature of physician or nurse: \_\_\_\_\_

Date: \_\_\_\_\_

**Or attach documentation of the test and test results to this form.**

*The TB test is good for two years. Students are responsible for submitting new results as the existing ones expire.*